

United States District Court
 for the
 Southern District of Indiana

K.C., <i>et al.</i>)	
)	
)	
<i>Plaintiffs,</i>)	
)	
vs.)	Cause No: 1:23-cv-595 JPH-KMB
)	
THE INDIVIDUAL MEMBERS OF THE INDIANA MEDICAL LICENSING BOARD, <i>et al.</i>)	
)	
<i>Defendants.</i>)	

SUMMONS IN A CIVIL ACTION

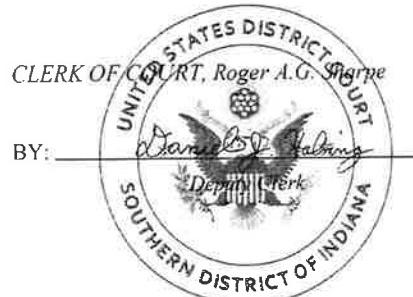
TO: Secretary
 Indiana Family and Social Services Administration
 402 W. Washington St.
 MS 25 W461
 IGCS
 Indianapolis, IN 46207

A lawsuit has been filed against you. Within 21 days after service of this summons on you (not counting the day you received it) or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Kenneth J. Falk/Gavin M. Rose/Stevie J. Pactor
 ACLU of Indiana
 1031 E. Washington St.
 Indianapolis, IN 46202

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

Date: 04/06/2023



Civil Action Number: 1:23-cv-595

Civil Summons (Page 2)

PROOF OF SERVICE

(this section should not be filed with the court unless required by Fed. R. Civ. P. 4(l))

SECRETARY

This summons for (name of individual and title, if any) INDIANA FAMILY AND SOCIAL SERVICES
was received by me on (date) 4/16/23 ADMINISTRATION

I personally served the summons on the individual at (place) _____

on (date) _____; or

I left the summons at the individual's residence or usual place of abode with (name) _____

_____, a person of suitable age and discretion who resides there,

on (date) _____, and mailed a copy to the individual's last known address; or

I served the summons on (name of individual) _____, who is

designated by law to accept service of process on behalf of (name of organization) _____

_____ on (date) _____; or

I returned the summons unexecuted because _____; or

Other (specify): CM RPR

My fees are \$ 0 for travel and \$ 0 for services, for a total of \$ 0.

I declare under penalty of perjury that this information is true.

4/16/23

Ann D'Angelo

ANN D'ANGELO

LITIGATION SUPPORT MGR

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Secretary
Indiana Family and Social Services
Administration
402 W. Washington Street, Room W-461
Indianapolis, IN 46204



9590 9402 7395 2055 6222 46

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

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- Adult Signature Restricted Delivery
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- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

ACLU of Indiana
1031 East Washington St.
Indianapolis, IN 46202

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